NATIONAL GUARD
Always Ready Always There

SEXUAL ASSAULT PREVENTION AND RESPONSE (SAPR) PROGRAM

COMPANY LEVEL PRE-COMMAND COURSE

22-24 JANUARY 2010

REGULATIONS

- Commander's Responsibilities for Responding to Allegations of Sexual Assault
  - (Posted on Home Page, OKNG, J-1, Sexual Assault Prevention and Response Program)
- Army Command Policy, AR 600-20, Chapter 8 Rapid Action Revision (RAR) Issue Date: 11 February 2009
  - (Posted in Army Publishing Directorate, http://www.apd.army.mil/)

DOD FY08 Sexual Assault Statistics

- In FY08, there were 2908 reports of sexual assault involving military service members, representing an 8% increase from FY07.
  - 2,265 were Unrestricted (9% increase)
  - 753 were Restricted (7%)
    - 110 (or 15%) of the Restricted Reports were converted to Unrestricted reports, leaving 643 remaining restricted reports

DOD Definition of Sexual Assault

- Sexual assault is defined as intentional sexual contact, characterized by use of force, physical threat, or abuse of authority, or when the victim does not or cannot consent.
- Types of sexual assault
  - Rape,
  - Forcible sodomy
  - Unwanted sexual contact that is aggravated, abusive or wrongful (unwanted and inappropriate sexual contact)
  - Attempts to commit these acts

DOD Definition of Sexual Assault

- Consent" means words or overt acts indicating a freely given agreement to the sexual conduct at issue by a competent person. Lack of verbal or physical resistance or submission resulting from the accused's use of force, threat of force, or placing another person in fear does not constitute consent.

- A current or previous dating relationship by itself or the manner of dress of the person involved with the accused in the sexual conduct at issue shall not constitute consent.

Highlights of the Army Policy

- Provides a clear Department-wide definition of sexual assault
- Provides the foundation for all training programs
- Establishes the following baselines:
  - Immediate response capability in all locations to ensure access to appropriate victim services
  - Designation of responsibilities of SARC and VA, and adoption of guidelines for rapid response, including identification of first responders, requisite training, and the manner for conducting case management.
  - The position of the SARC and the conduct of case management will ensure system accountability and victim access to quality services.

Army Policy Summary

- Sexual assault is a crime and has no place in the Army.
- The Army utilizes training, education and awareness to prevent and address sexual assault.
- All Victims will be treated with dignity, fairness, respect and be afforded privacy.
- Those who commit sexual assault offenses will be held accountable.
- Program structure to provide support to sexual assault Victims will be through use of appointed and trained Victim Advocates and the Sexual Assault Response Coordinator.

Who is the SARC

- Sexual Assault Response Coordinator (SARC)

  JFHQ OK-SARC: 1LT Misty Anne Jobe
  - Provides State of Oklahoma Army and Air National Guard management of the SAPR Program
  - Oversees prevention and response training
  - Responds to assaults
  - Coordinates/trains Victim Advocates
  - Coordinates with local, state and active duty facilities to ensure victims receive needed services
  - Evaluates program effectiveness
  - Reports to Senior Leadership
  - Conducts Sexual Assault Response Boards monthly

How the SARC Can Help Commanders

- Coordinates response to sexual assaults
- Conducts/coordinates education and prevention training with MSC UVA
  - Initial Soldier Training
  - Annual Briefings
  - Pre-Deployment Training
- Provides support for commanders, as needed

Mandatory SAPR training

- Initial:
  - Recruit Sustainment Program, Basic Training
  - Educate recruit and new soldier on basics of SARP program
- Annual:
  - All soldiers assigned to units
  - During AT or other mandatory briefings
- Deployment:
  - Prior to reporting to Title 10 and during Warrior Training Program

Unit Victim Advocate

- Two Unit Victim Advocates per each battalion-sized unit
- One deployable SARC/MSC UVA, appointed at brigade level or higher
- Be recommended by chain of command, approved by first LTC or battalion level equivalent or higher commander.
- Must be NCO (SSG or higher), officer (1LT/CW2 or higher)
- Must be appointed on orders to the collateral duty.
- Must demonstrate stability in personal affairs.
- Must complete training, minimum 40 hours and continued training on
- an annual basis.
- Soldiers appointed as UVA are likely to become involved in highly charged and emotional situations assisting the victim
- Proper screening and continued monitoring.

Unit Victim Advocate

- Selected by Commander
- Provides crisis Intervention, referral and ongoing non-clinical support to the victim.
- Reports to and coordinates directly with the SARC while assigned to assist a victim of sexual assault (SA).
- Educates Victim on reporting options
- Inform Victims of their options to use service providers e.g. medical, legal and chaplain)
- Monitors case progress and provides ongoing victim support when necessary)
- Sits on SARB (if involved in a case)
- Provides and tracks annual mandatory SAPR training; reports to JFHQ SARC

Commanders' Responsibilities

- Use commander's checklist for responding to allegations of sexual assault
- Take immediate steps to ensure the victim's physical safety, emotional and medical needs are met
- Assists in safeguarding rights of the victim and alleged perpetrator, as well as addresses unit standards and interests.
- Contact the SARC. SARC will assign a Victim Advocate

Commanders' Responsibilities

- If Victim is requesting an Unrestricted Report, ensure CID or appropriate local criminal investigative agency is notified
- Determine whether temporary reassignment or relocation of the victim or perpetrator is appropriate
- Consider whether no contact orders or Military Protective Orders (DD Form 2873) are needed
- Reference Commander's Guide on J-1 homepage for complete guidance

Reporting Options

- **Restricted and Unrestricted Reporting**
  - **Military Status Only (Title 10, Title 32, AGR, IDT, AT, etc.)**
- **Limited Report**
  - **“Restricted, then refer”**
  - **M-Day, Federal Technicians, State Employees**
  - **Other civilians**

Restricted Reporting

- Victim discloses sexual assault on a **CONFIDENTIAL** basis
- Must be reported to:
  - Unit Victim Advocate (UVA)
  - Sexual Assault Response Coordinator (SARC)
  - Healthcare Provider (including Military One Source)
  - Chaplain

Restricted Reporting

- Allows Soldier to receive medical treatment
- Allows Soldier to receive counseling
- Does **NOT** trigger investigative process
- UVA assigned (victim's choice)
- Details of case held within 4 reporting avenues, limited to **"need to know"**
- **Can be** changed to unrestricted at anytime

Unrestricted Reporting

- Sexual Assault Response Coordinator (SARC)
- Unit Victim Advocate (UVA)
- Medical Facility
- Unit Chaplain
- Chain of Command
- Military Police
- Criminal Investigation Command (CID)
- Staff Judge Advocate (SJA)
- 911
- Military One Source

Unrestricted Reporting

- Allows Soldier to receive medical treatment
- Allows Soldier to receive counseling
- Investigative process is initiated
- UVA assigned (victim's choice)
- Support from Chain of Command
- Details of case held in strictest confidentiality, limited to **"need to know"** personnel
- Once reported, **CANNOT** be changed to Restricted

Limited Reporting

- Restricted, then refer
- Civilians / Technicians / State Employees
- Victim discloses sexual assault on a **CONFIDENTIAL** basis
- Must be reported to:
  - Unit Victim Advocate (UVA)
  - Sexual Assault Response Coordinator (SARC)
  - Healthcare Provider
  - Chaplain

Limited Reporting

- Allows Soldier to receive emergency medical treatment
  - Other medical treatment is with PCP/Civilian Dr
- Allows Soldier to receive counseling
  - Chaplain, Military One Source
  - Civilian resources
- Does **NOT** trigger investigative process
- Details of case held within 4 reporting avenues, limited to **“need to know”**

Victim's Reluctance to Report

- Embarrassment or shame
- Fear of reprisal by perpetrator or command
- Depression and feelings of helplessness
- Low self-esteem
- Anger and/or guilt
- Belief that nothing will be done
- Fear of being punished for "collateral" misconduct (e.g. underage drinking, etc.)

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SUICIDE PREVENTION: SUICIDE AWARENESS FOR LEADERS

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Bottom Line for Leaders

- Suicide Prevention is Leadership in Action
- Suicide can be prevented, but we need your help.
- Create a trusting environment where Soldiers will feel that it is okay to ask leaders for help.
  - Seeking help is not a character flaw but is seen as a sign of strength.

Bottom Line for Leaders

- Know your Chaplain and behavioral health partners.
- Insist that outreach behavioral health services are available to your unit, as deemed appropriate.
- Earlier treatment leads to faster recovery.

Leaders Can Reduce Stigma by

- Not discriminating against Soldiers who receive mental health counseling.
- Supporting confidentiality between the Soldier and their behavioral health care provider.
- Educating all Soldiers and family members about anxiety, stress, depression, and treatment.
- Reinforcing the "power" of the buddy system in helping each other in times of

What Leaders Can Do

- Talk to Soldiers and listen to what they have to say.
- Send the message that you are interested in hearing about the Soldier's problems.
- Emphasize that seeking help in times of distress displays courage, strength, responsibility, and good judgment.
- Get them help!
- Treat each Soldier with the utmost respect and regard.

How to Refer

Responsibility always rests with unit leadership

Emergency:

- Threat to life and lethality is imminent or severe.
- Consult with a behavioral healthcare provider or other healthcare provider, if behavioral health is not available.
- Escort immediately to the Emergency Room, Behavioral Health, Aid Station, Combat Stress Control Team, or the Chaplain.

How to Refer

Non-Emergency:

- Consult with a Chaplain or behavioral health care provider
- Counsel Soldier and give a copy of the command referral
- Observe Soldier’s rights to see SJA and IG
- Escort the Soldier to behavioral health

Resources

In Garrison:

- ✓ Chaplains
- ✓ Medical Services
- ✓ Family Programs
- ✓ Pre/Post Deployment Events
- ✓ Director of Psychological Health

During Deployment:

- ✓ Combat Stress Control Teams
- ✓ Medics
- ✓ Battalion Aid Station
- ✓ Chaplain

All Soldiers can use the Military One Source @ https://www.militaryonesource.com

Commanders' Responsibilities

- Incorporate suicide prevention training into the yearly training plan.
- Inform subordinates of available resources.
- Reduce stigma. Build a command climate that encourages and enables soldiers to seek help.
- Provide command support for unit participation in suicide awareness and prevention activities.
- Appoint a Suicide Intervention Officer and forward a copy of the appointment order to the State Suicide Prevention Manager.

Suicide Intervention Officer Responsibilities

- Complete the Army ACE Intervention Training.
- Advise the commander on annual suicide prevention training requirements.
  - First line leaders present Ace training to all E4s and below
  - Chaplains or senior leaders do the training for officers and enlisted E5 and above.
- Provide and track annual training requirements and report to SSPM.
- Work with FRG, SSPM, etc to develop and maintain a list of resources.

Suicide Intervention Officer Responsibilities

- Monitor for soldiers in crisis and connect soldiers with helping resources and agencies.
- Notify the chain of command of any suicide attempts or completions.
- Provide initial and updated information to the SSPM.
  - NGB reporting requirements.
- Advise the commander of options available for providing support to the deceased soldier’s family and fellow soldiers.

ACE Training

- Ask your Buddy
  - Have the courage to ask the question, but stay calm
  - Ask the question directly, e.g. Are you thinking of killing yourself?
- Care for your Buddy
  - Remove any means that could be used for self-injury
  - Calmly control the situation; do not use force
- Escort your Buddy
  - Never leave your buddy alone
  - Escort to the chain of command, a Chaplain, a behavioral health professional, or a primary care provider

Additional Resources

- **GKO/ G1 – Suicide Prevention**
  - **http://www.armyg1.army.mil/hr/suicide/default.asp**
- **NGB Joint Services Support**
  - **http://www.jointservicessupport.org/**
- **NGB/ J1-SAPR**
  - **http://www.ng.mil/jointstaff/j1/sapr/default.aspx**
- **DOD SAPR**
  - **http://www.sapr.mil**
- **Army SAPR**
  - **http://www.preventsexualassault.army.mil**

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QUESTIONS??